

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/079,813</u>	FILING DATE
							APPLICANT(S)	
<div style="display: flex; justify-content: space-around;"> <u>9/11/03</u> <u>5/17/04</u> </div> CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1		1				51	
2			1	1			52	
3			1				53	
4			1				54	
5				1			55	
6				1			56	
7				1			57	
8				1			58	
9				1			59	
10				1			60	
11				1			61	
12				1			62	
13				1			63	
14				1			64	
15				1			65	
16				1			66	
17				1			67	
18				1			68	
19				1			69	
20				1			70	
21				1		1	71	
22				1		1	72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			3		1		TOTAL IND.	
TOTAL DEP.			19		2		TOTAL DEP.	
TOTAL CLAIMS			22		3		TOTAL CLAIMS	